

adenocarcinoma, 91; bronchiolar and papillary-adenoma, 28; mixed adenosquamous, 21.

The case reports are brief and well illustrated. Many of them contain follow-up data disclosing the survival of the patient. However, many lack such data and it is believed that the next edition could well carry this.

Although the references in the brief prefatory text include articles dated up to 1963, there are none dealing with the papers disclosing methods of diagnosing the solitary pulmonary nodule preoperatively. The fact that the differential diagnosis of many of these nodules can be made with a high degree of accuracy is one that should be known to practicing physicians and may be observed in the paper by Edwards et al. (*American Journal of Roentgenology*, 88, 1020, 1962) and the author of this review (*Canad. Med. Assoc. J.*, 83, 1079, 1960).

The author's investigation confirms the important fact that for all practical purposes solitary nodules with dense or concentric calcifications are benign. Some of the illustrations show relatively dense solitary nodules in tomographic records; it is now well known that a noncalcified nodule can project as quite dense in some planigrams. Further, examination of solitary nodules after resection may be made by nonscreen technique with an ultrasmall focus x-ray tube. Microcalcification can then be sometimes shown in primary carcinomas although such is not visible in standard screen roentgenograms made in vivo.

The author reports that 26% of the primary carcinomas in this study already had nodal intrathoracic spread at time of operation, confirming the fact that these lesions are frequently of several years duration even though less than 2 cm. diameter. This monograph should be of considerable interest to radiologists and other physicians involved in diseases of the chest.

L. HENRY GARLAND, M.D.

DYNAMIC PATHOLOGY—Structural and Functional Mechanisms of Disease—Maurice M. Black, M.D., Professor of Experimental Pathology, New York Medical College, New York, N.Y.; Attending Pathologist, Flower and Fifth Avenue Hospitals, New York, N.Y.; and Bernard M. Wagner, M.D., Professor and Chairman, Department of Pathology, New York Medical College, New York, N.Y.; Pathologist, Flower and Fifth Avenue Hospitals, New York, N.Y. The C.V. Mosby Company, Saint Louis, 1964. 296 pages, \$8.00.

Many current textbooks of pathology still stress morphologic changes characteristic of the various disease processes, despite the fact that modern concepts of pathology are not limited to the histologic study of tissues. The student may then conclude that pathologic lesions are always correlated closely with the etiology, pathogenesis and prognosis of a disease, and, as Black & Wagner suggest, a clinician may feel cheated when a pathologist cannot determine the cause of death from the microscopic examination.

Black & Wagner have approached pathology from the viewpoint of homeostasis and have stressed the dynamic nature of an infinite number of possible homeostatic levels which may be affected in disease. The first part of the book deals with homeostatic mechanisms, first of cells (including genetic concepts) and then of vascular, lymphoreticulo-endothelial, connective tissue, endocrine and hepatic and renal systems. The authors' major emphasis is on the relationship of altered structure and function and how these disturbances, morphologic and functional, relate to levels of homeostatic response and possible decompensation.

The second part of the book is concerned with anatomical and functional reactions to challenges to homeostasis by neoplasia, ionizing radiation, deficiency and infectious diseases and by aging. This part of the book was designed to provide basic concepts of disease required for studies in special pathology and in clinical medicine.

Although this book doesn't replace a standard textbook of pathology, the differences in emphasis, the inclusion of recent concepts, and the organization of and pertinent illustrations in the text should make it extremely useful for undergraduate medical students as well as for older students of disease.

STUART LINDSAY, M.D.

CURRENT DIAGNOSIS & TREATMENT—1964—Henry Brainerd, M.D., Professor of Medicine and Chairman, Department of Medicine, University of California School of Medicine (San Francisco), and Physician-in-Chief, University of California Hospitals (San Francisco); Sheldon Margen, M.D., Associate Professor of Human Nutrition Department of Nutritional Science, University of California (Berkeley), and Associate Professor of Social Welfare, University of California (Berkeley); Lecturer, Department of Biochemistry, University of California School of Medicine (San Francisco); and Milton J. Chatton, M.D., Assistant Clinical Professor of Medicine, Stanford University School of Medicine (Palo Alto), and Geriatric Consultant, Palo Alto Medical Clinic; and associate authors. Lange Medical Publications, Los Altos, Calif., 1964. 370 pages, \$9.50.

This massive paperback of 870 pages, now in its third annual revision, is literally jam-packed from cover to cover with the latest information on modern medicine. It deals primarily with internal medical disorders but includes also discussion of conditions commonly encountered in other specialties.

It is not a textbook of medicine but is intended as a useful desk reference on the most widely accepted techniques currently available for diagnosis and treatment. The authors, largely from the University of California Medical School, have borrowed material freely—narrative, graphic, and tabular—from their own and other published works.

The result is an amazingly complete source book of 28 chapters and appendices, presented for the most part succinctly and lucidly. The subjects are usually outlined rather than written up in careful narration. A separate section on recently introduced drugs is to be found in the appendix. Specific current references to clinical literature and general bibliographies have been added as a guide to further reading.

The editors and authors should be congratulated on their accomplishment. Physicians and students can find daily use for this book as a first line of consultation.

EDGAR WAYBURN, M.D.

EARLY TREATMENT OF FACIAL INJURIES—Thomas John Zaydon, M.D., F.A.C.S., Clinical Assistant Professor of Surgery, Plastic Surgery Service, Department of Surgery, University of Miami School of Medicine; Chief, Plastic Surgery Service of St. Francis Hospital, Cedars of Lebanon Hospital, North Miami General Hospital, Miami, Florida; and James Barrett Brown, M.D., F.A.C.S., Professor of Clinical Surgery, Washington University School of Medicine; Professor of Maxillofacial Surgery, Washington University School of Dentistry, St. Louis, Missouri. Lea & Febiger, Washington Square, Philadelphia, 1964. 258 pages, \$15.00.

This book should be a well thumbed volume on a library shelf of every doctor called upon to treat fresh facial injuries. For those who, by reason of location are forced to see acute injuries first not as a matter of choice or because of their particular treatment, it is a must. It is an excellent book for residents in training in surgery or in plastic and reconstructive surgery.

In a simple, brief, yet completely comprehensive fashion, this volume moves from the moment of reception of the injured patient and his immediate needs through the definitive treatment which is required. It begins with the overall general care of the injured person, the need for complete and thorough diagnoses and the methods by which such